

INSTRUCTIONS TO COMPLETE COMMUTATION APPLICATION

1. COMPLETE FORM IN **BLACK INK** AND **SIGN BEFORE A NOTARY PUBLIC.**
2. YOU WILL NEED TWO (2) PEOPLE (WHO PERSONALLY KNOW YOU) TO COMPLETE THE CHARACTER AFFIDAVITS. THE AFFIDAVITS MUST ALSO BE COMPLETED IN **BLACK INK** AND **SIGNED BEFORE A NOTARY PUBLIC**
3. MAIL COMPLETED COMMUTATION APPLICATION AND AFFIDAVITS TO:

THE HONORABLE NEIL ABERCROMBIE
GOVERNOR, STATE OF HAWAII
EXECUTIVE CHAMBERS, STATE CAPITOL
HONOLULU, HI 96813

STATE OF HAWAII
EXECUTIVE CHAMBERS
COMMUTATION APPLICATION

DATE _____

The Governor of Hawaii
State Capitol, 5th Floor
Honolulu, Hawaii 96813

I _____
(Full Name) First Middle Last SID #

a citizen of _____, respectfully

request from your Excellency, commutation of the remaining sentence(s) on the following convictions:

Crime	Date of Conviction	Date of Sentence	Court Location	Court Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I am currently incarcerated at _____

My maximum term(s) of imprisonment will expire(s) on _____

PERSONAL INFORMATION

1. Birth Date: _____ Social Security Number: _____
2. Place of Birth: _____
3. Full Names of Parents: _____
4. Full Names of Siblings (Brothers and Sisters and Ages: _____

[illegible]

6. Married: Yes _____ No _____ Date Married: _____
Name and Address of Spouse: _____
7. Children: Yes _____ No _____ Names and Ages: _____

Children All Living With Me: Yes_____ No_____

If Not, explain: _____

8. Present Address: _____
I have lived here since: _____

9. Phone Number: _____

10. List all employment since leaving school beginning with your last job:

[illegible][illegible]

11. Military Service and Dates: _____ through _____
Honorable Discharge: Yes _____ No _____ If No, Type of Discharge: _____

12. I belong to the following organizations and activities (including Church affiliation):

13. The reasons I am asking for this commutation are:

Signature of Applicant

At the time of submittal, applicant must also provide the full names, telephone numbers, and address of three (3) character witnesses. The three required character witnesses are as follows:

<u>Name:</u>	<u>Relationship:</u>	<u>Home & Work Telephone #s:</u>	<u>Home Address:</u>
_____	Neighbor	(Home) _____ (Work) _____	_____ _____
_____	Last Landlord	(Home) _____ (Work) _____	_____ _____
_____	Most Recent Employer (Prior to Incarceration)	(Home) _____ (Work) _____	_____ _____

STATE OF HAWAII
EXECUTIVE CHAMBERS

CHARACTER AFFIDAVIT

I, _____, residing at _____

By occupation _____ depose and certify that I have personally known

_____ for more than _____ year(s) and to the best

of my knowledge and belief (s) he has, since being released from prison/parole/probation on or about _____
(Strike inappropriate word)

_____, conducted themselves in a moral and law-abiding manner.

That _____ is at present employed by

_____ at _____

in the capacity of _____ and has been employed by them for _____ years.

My knowledge of his(her) activities and conduct since being released from prison/parole/probation is as follows:
(Strike inappropriate word)

(Here state in full detail your knowledge of the applicant's conduct, etc. and also, specifically, whether: since their release from prison, they have been arrested or has had any trouble with public authorities or any others.)

This affidavit is made by me in support of the application of _____

To the Governor of the State of Hawaii for a commutation to restore their full civil rights.

(Signature)

Subscribed and sworn to before me this _____ day of _____, A.D. 20____

Notary Public _____
Judicial circuit, State of Hawaii
My Commission Expires: _____

STATE OF HAWAII
EXECUTIVE CHAMBERS

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